



# Town of Fishkill Comptroller

**- WATER SEWER DEPARTMENT -**  
*Final Water Meter Reading Request*

## Present Owner's Information:

Present Owner(s) Account #: \_\_\_\_\_ Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Service Address: \_\_\_\_\_

\_\_\_\_\_

Grid #: \_\_\_\_\_

Phone: \_\_\_\_\_

## New Owner's Information:

New Owner(s) Account #: \_\_\_\_\_ Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Service Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Requested Appointment to Read Meter (date and time): \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Realtor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- Town Use Only -

Final Meter Reading: \_\_\_\_\_ Date: \_\_\_\_\_

Meter Reader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Present Balance Outstanding: \_\_\_\_\_